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ABSTRACT

When training counseling students it is increasingly important to acquaint them with the clinical research literature exploring the efficacy of a particular treatment. In order to facilitate this educational process, some reviews of empirically supported treatments (ESTs) concerning marital problems are provided here. ESTs, also called evidence-based treatments, are grounded in studies recommended by the American Psychological Association. Since managed care benefits often permit inclusion of family members in care, it is all the more imperative for providers to stay current with shifting trends in couples therapy literature. Background information and common treatment protocols for marital problems, are provided, including reasons as t why people enter counseling. Various studies concerning or involving the following types of counseling are detailed: discussion-type counseling; reciprocity counseling and reinforcement exchange; diagnostically relevant outcome measures; problem-solving treatment; emotionally focused treatment; behavior exchange therapy; communication/problem solving training; and behavioral sex therapy. Sections are presented on: "Does Martial Therapy Work? Couples Therapy is Better" and "Getting the Love You Want." Overviews of reports on couples research since the 1970s are provided. (MKA)

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Familiarizing Students with the Empirically Supported Treatment Approaches for Marital Problems

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In training counseling students, it is increasingly important to acquaint them with the clinical research literature exploring the efficacy of particular treatments. This review of empirically supported treatments (ESTs) is intended to facilitate this educational process. ESTs, or evidence based treatments, are based on studies recommended by Division 12 of the American Psychological Association in their report on empirically validated psychological treatments (Chambless et al., 1996; Task Force on Promotion and Dissemination of Psychological Procedure, 1995). The original listing was recently expanded to include 57 treatments that had withstood the test of careful empirical scrutiny (Chambless & Hollon, 1998). Developing specific psychotherapeutic techniques for homogeneous populations is a current focus of psychotherapy research (Orlinsky & Howard, 1986).

To qualify for inclusion in the EST listing, for each treatment research must have shown that it leads to a reduction or remission of the disorder or problem at a rate higher than occurs with the passage of time (efficacious) or that it

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outperforms an alternative active treatment (efficacious and specific). Knowledge that a treatment has been shown to be efficacious should affect decisions about how one practices psychotherapy.

Using Treatment Guidelines

Clinical practice guidelines based on laboratory research, outcome data, and cost containment needs are becoming increasingly common. Their use raises several serious practical and ethical questions. How can guidelines be customized to meet the specific needs of particular clients? How can we tailor treatments without compromising their established efficacy? How can clinicians preserve their own creativity and spontaneity while adhering to treatment guidelines? How can clinicians stay attuned to the idiosyncracies of individual cases while employing treatment protocols? How can clinicians avoid becoming distracted and myopic in using treatment guidelines? How can clinicians accommodate the need to provide "partial" treatment?

While the guidance offered by these treatment literatures is invaluable, it is not enough simply to memorize a treatment protocol or manual and deliver it when we meet someone with the appropriate diagnosis. The need to customize the ESTS in light of individual learning styles and preferences, the existence of codiagnoses, and other mediating variables, will help to keep psychotherapy part "art" for some time to come!

Studies selected for summary were taken from the national listing of Empirically Validated Treatments developed by the American Psychological Association. The criteria for inclusion in the APA sample is described in detail elsewhere, but priority was given to carefully controlled, double-blind, randomized studies with adequate sample size and measures to assure high treatment fidelity.

Most of the controlled studies of psychological treatments have been conducted on behavioral or cognitive approaches, although recently there has been increased use of clinical trials methodologies in tests of other treatment approaches, such as those based on psychodynamic theory.

Reimbursing Couples Therapy

Unlike most former indemnity plans, managed care benefits often permit inclusion of family members in care, when this is expected to facilitate efficient achievement of therapy outcomes. This makes it all the more imperative for providers to stay current with shifting trends in the couples therapy literature. While couples therapy has been in widespread use for decades, recently some of its underlying bedrock assumptions have been called into question.

Marital Problems

A large number of clients enter counseling in order to address relationship problems. Behavioral treatments have been found to produce substantial, lasting improvement, as measured by self-reports of behavior (Goldiamond, 1965; Stuart, 1969), direct happiness ratings (Azrin et al, 1973), or observation of interactions in the clinic and the Locke-Wallace (1959) questionnaire of marital adjustment (Patterson et al, 1975; Jacobson, 1977, 1978; Liberman et al, 1976).

The superiority of these behavioral methods has been demonstrated using a variety of comparison procedures, including a within-subject baseline (Stuart, 1969), a case study (Goldiamond, 1965), a discussion-type procedure in a within-groups design (Azrin et al, 1973), or a between-groups design (Jacobson, 1977, 1978) or in a pretest-posttest design (Paterson, 1975).

Goldiamond (1965) used contingency management and stimulus control techniques to resolve marital disorders, after applying an operant behavioral perspective to these problems. Stuart (1969) treated couples using a strict behavioral contracting method, where tokens were used to mediate exchanges of specific reinforcers between partners. Patterson, Hops and Weiss (1975) and Liberman, Levine, Wheeler, Sanders and Wallace (1976) used quid pro quo contingency contracting and added "problem solving" and communication training.

In an earlier study using a between-subjects design, reciprocity counseling was associated with enhancements in happiness (Azrin, 1973). Azrin et al. (1980) made a more extensive evaluation of the reciprocity format using a between-subjects design. Their 1980 study provided behavioral contracting, communication training, and instruction in mutual reinforcement.

A total of fifty five couples were selected to participate, including non-married couples living together. Whereas past studies only included legally married couples, the 1980 Azrin study included both legally married couples (87%) and cohabiting couples. Clients were selected from a non-university setting and were employed in a variety of professions.

Discussion-Type Counseling

In the discussion-type counseling, couples were encouraged to "'talk it out'" (1980). The counselor advocated his/her clients to describe their marital problems, including past attempts of seeking help. Discussion-type therapy fostered exploring solutions. However, the counselor did not make recommendations for actions that the couple should take.

Reciprocity Counseling

Couples in the reciprocity group attended four sessions, each week apart from the last, with each session running one hour and thirty minutes. The three pretests were given again at the end of the fourth session. During each session, the counselor followed an outline "listing the various training procedures and problem areas" (1980). Three types of programs were used to increase reinforcement exchange and control: stimulus control, increased reinforcement exchange, and communication training. Stimulus control helped couples overcome the problem of preoccupation with unpleasant aspects of interaction rather than with reinforcing aspects. At the start of each session, the counselor directed the clients to number and describe the positive interactions that occurred since the last session. In the second part of stimulus control, each partner comprised a list of the reinforcers that were being both received and given. Each partner was also directed to comment on the lists composed by their partner. This method is known as "'reciprocity awareness'" (1980).

Reinforcement Exchange

The next program, increased reinforcement exchange, was designed to multiply the number of reinforcements being given by each partner. Behavioral contracting was the main method used to accomplish this. A request by one partner became a written agreement between both partners as to how the request would be fulfilled. The last program used in reciprocity counseling was termed communications training. The goal of this program was to increase the amount of positive reinforcers. A component of this program, the Positive Request Rule, strived to alter the manner in which a partner expressed the desire for reinforcement. Another constituent, the Annoyance Procedure, taught both partners to communicate when he/she became annoyed with their partner's behavior in a non-critical manner.

Discussion

This comparison of reciprocity and discussion-type counseling for marital disorders showed that reciprocity counseling produced more improvement after four sessions than did discussion-type counseling. Furthermore, the reciprocity counseling was shown to better maintain improvements during the twenty four months of follow-up. While couples that underwent reciprocity counseling reported great improvements in the three measures of marital adjustment used, the couples that underwent discussion-type counseling produced very little, if any, change.

The experiment, which was designed to take four sessions, needed to be adjusted when several couples inquired about or necessitated additional sessions. Although a mean of 6.9 sessions occurred, results were still calculated after the fourth

session (1980). It is presumed that the additional sessions may have contributed to the long-term success of each couple.

Critics of behavioral couples therapy approaches argue that the changes is produces are often perceived as mere compliance, rather than as motivated by genuine caring and concern on the part of the spouse. This may reduce the satisfaction these desired changes produce, and foster complaints about why the partner did not change sooner. Alternative therapy methods,including those grounded in interpersonal and psychodynamic theory (Hendrix, 1988) have attracted considerable interest, but have not yet been submitted to carefully controlled experimental assessment.

Diagnostically Relevant Outcome Measures

Calculation of the general happiness of the marriage as a percentage (Azrin, 1973)

Revised version of the Locke-Wallace Marital Adjustment Scale (Kimmel and Van Der Veen, 1974; Locke-Wallace, 1959).

Problem Checklist, listed one hundred complaints that were common among previous clients.

There has been relatively little research done on the use of dynamic approaches to marital therapy (Gurman, 1978). Recently, considerable attention has been given to the role of affect in psychotherapy, with a particular focus on its role in marital therapy (Finchman & O'Leary, 1982; Margolin & Weinstein, 1983). Researchers now believe that it is necessary to develop a complete approach to therapy that needs to deal not only with cognitive and behavioral processes but also with affective processes.

Treatment Techniques

Problem solving treatment

Problem solving treatment is based on the concept that couples may be taught to become more skilled at negotiation and positive control strategies, so that coercive tactics will be unnecessary and that couples can be taught to control the negative communication practices that have become habits in their relationship. This approach is concerned with teaching behavior management, and it also focuses on enhancing positive exchanges. This treatment teaches the rules for effective communication, problem definition, and problem solution, including the making of contractual agreements. The problems between couples are defined in terms of specific manifest behaviors and couples are taught communication skills such as paraphrasing. This treatment was

applied using the techniques found in Jacobson and Margolin (1979).

Emotionally focused treatment

Emotionally focused treatment represents an integrated affective systemic approach to marital therapy. This technique is based on the experiential tradition of psychotherapy which emphasizes the role of affect and intrapsychic experience in change (Grendlin, 1974; Greenberg & Safran, in press; Perls, Hefferline, & Goodman, 1951; Rogers, 1951). It also incorporates aspects of the systemic tradition, which emphasizes the role of communication and interactional cycles in the maintenance of problem states (Sluzki, 1978; Watzlawick, Beavin & Jackson, 1967). This model views clients as active perceivers constructing meanings on the basis of their current emotional state and experiential organization. Clients are seen as having healthy needs and wants that can emerge in the safety of the therapeutic environment.

This approach maintains that it is the disowning or disallowing of experiences that leads to ineffective communication and escalating interactional cycles, not partner's feelings and wants. This model suggests that problems are maintained by self-sustaining, reciprocal, negative interaction patterns, the most basic of which appears to be a pursuer-distancer or attack-withdraw pattern that springs from and sustains each partner's distress and negative perceptions of the other. In this type of therapy, the therapist identifies the negative interaction cycles and pays particular attention to the underlying vulnerabilities fears, and unexpressed resentments held by the partners. The method of Gestalt therapy is used in this method, along with innovations from client centered therapy (Rice, 1974). The therapist reframes the problem for the couple in terms of emotional responses and encourages clients to identify with their disowned feelings and needs, as well as to accept and to respond to their partner's needs. There is a strong focus on the strengthening of trust and intimacy.

Problem solving treatment vs Emotionally focused treatment

Johnson and Greenberg (1985) compared the relative effectiveness of two interventions in the treatment of marital discord: a cognitive-behavioral intervention that teaches problem solving skills and an experiential intervention focusing on emotional experiences underlying interaction patterns. Results indicated that both treatments were superior to the control group, however, the effects of the emotionally focused treatment were superior to those of the problem solving treatment group, even upon follow up.

When these two types of therapy were compared to a wait list control group, the emotionally focused group seemed to yield the most positive results, although both of the treatments produced a significantly positive result compared to the control group.

Follow up studies showed that the results remained the same over time, and that the emotionally focused group maintained their advantage. The Johnson and Greenberg (1985) study was limited by its reliance on self report measures which may have been compromised by social desirability responding, but most other outcome research on marital therapy can be similarly criticized.

Diagnostically Relevant Outcomes

Self Report Measures
- The Test of Emotional Styles
  (ES: Allen & Hamsher, 1974)
- The Couples Therapy Alliance Scale
  (Pinsof & Catherall, 1983)
- Dyadic Adjustment Scale
  (Spanier, 1976)
- Target Complaints
  (TC; Battle et al., 1966)
- Goal Attainment Scaling
  (GAS; Kiresuk & Sherman, 1968)
- The Personal Assessment of Intimacy in Relationships Inventory
  (PAIR; Schaefer & Olson, 1981)

A Post Treatment Interview was conducted to gather descriptive data as to how couples experienced the process of therapy. Control Groups were given an "Activities While Waiting Questionnaire" to test for other possible therapeutic factors that might have occurred during the waiting period

Jacobson & Follette (1985) compared the effectiveness of behavioral marital therapy to behavior exchange and communication/problem solving training. Sixty couples were assigned to four treatment groups: behavior exchange therapy, communication/problem solving training, combined treatment or a waiting list control group, and to one of five individual therapists. Therapists included four psychology graduate students and one master's level psychologist. Criteria for determining improvement were the clinical significance of the changes and whether the changes were statistically reliable. In addition, data on deterioration rates, relapse during the follow-up period, continued progress during the follow-up period, and the patient's ultimate status was also analyzed.

Behavior Exchange Therapy

Behavior exchange therapy is based upon the work of Jacobson and Margolin (1979). This behavioral method focuses on increasing the number of positive exchanges in the natural environment. Behavior exchange emphasizes immediate changes and uses clinical innovations aimed at producing beneficial cognitive and perceptual changes (Jacobson, 1983). Patients receiving this

type of therapy first participate in a roundtable discussion with the therapist aimed at developing a consensual treatment plan and contract. Patients are required to complete homework assignments that contain progressively more demanding behavior change directives. The therapist conducts debriefing sessions that review each participant's performance of the homework assignments. Meetings initially occur weekly, but the interval between sessions increases to biweekly as treatment progresses. No explicit communication training is given.

Communication/problem solving training

Communication/problem solving training focused on teaching couples communication skills aimed at resolving conflicts more effectively. This method is based upon the work of Jacobson and Margolin (1979), and uses behavior rehearsal and modeling. Placing emphasis on prevention and skills training, communication/problem solving training de-emphasizes immediate change. Therapy sessions focus on the practice and refinement of specific communication skills. The emphasis is on helping couples become self sufficient, by teaching them to become their own therapists when problems arise after therapy has concluded.

Behavior exchange, communication/problem solving training, and the combined therapy all proved to be equally effective in enhancing marital satisfaction and eliminating present problems. However, the combined treatment approach produced the most enduring and consistent changes. Obvious differences between the groups emerged at the six month follow-up. Behavior exchange couples deteriorated at a faster pace. Six months after treatment ended, forty four percent of couples in the Behavior exchange group reported lower marital satisfaction than had been reported on the posttest. This finding is consistent with the fact that Behavior exchange emphasizes immediate change. Moreover, drops in overall improvement rate from the posttest to the follow-up were due largely to relapses among Behavior exchange couples. Communication/problem solving training was found to be insufficient when used by itself. Couples focused exclusively on the skills being taught, which caused them to draw hasty conclusions about whether or not to remain together.

Diagnostically Relevant Outcome Materials

Reliable Change Index (Jacobson, Follette, & Revenstorf, 1984)
- Determines minimum magnitude of change required to rule out artifact due to measurement error as an explanation

Areas of Change Questionnaire (Weiss & Perry, 1979)
- Measures presenting problems
- List of thirty four items
- Scores computed by totaling the absolute value of each item

Dyadic Adjustment Scale (Spanier, 1976)
Self-report measure of marital adjustment
Good psychometric properties
Questionnaire
Measurement of marital satisfaction

Behavioral Sex Therapy

According to a study of 365 married couples led by David Sarwer, PhD, University of Pennsylvania School of Medicine, published in the Journal of Sex & Marital Therapy, behavioral sex therapy is highly effective. Two-thirds of married couples reporting chronic sexual problems--from low sexual desire and inhibited female orgasm to male premature ejaculation--were helped through outpatient behavior therapy. Most couples showed improvement within seven weeks, and 70% maintained the improvement after three months. The treatment may work because it requires couples to spend significant amounts of time together--often more than they had been spending on pleasurable activities.

Snyder, Wills, and Grady-Fletcher (1991) conducted a four-year follow-up study of 59 couples in a controlled outcome study comparing couplde randomly assigned to either behavioral and insight-oriented marital therapies. Although no significant differences between the two treatment conditions had been observed at termination or 6-month follow-up, four years following treatment a significantly higher percentage of behaviorally treated couples had experienced divorce. This difference was paralleled by greater deterioration on the GDS among the behaviorally treated couples (these results persisted even when pretreatment differences in level of distress were partialled out by using covariate procedures). There were no differences incouples' ratings o the helpfulness of the two treatments, although one half of the ten divorced behaviorally treated couples refused to complete this measure at follow-up.

Although Gurman, Kniskers, & Pinsof (1986) argue that insight alone is unlikely to produce lasting positive effects in marital therapy, problem-solving efforts resulting in premature or cursory resolution may promote short-term relationship satisfaction, but longer term deterioration. Hahlweg, Schindler, Revenstorf, and Brengelmann (1984) presented data sugggesting that traditional behaviorla approaches may deal less well with the internal events affecting the emotional qualities of a relationship. Spouses' self-disclosure in more emotionally focused therapies may facilitate marital intimacy, which may promote cognitive changes accompanied by positive interpersonal change (Greenberg & Johnson, 1986).

More recent behavioral approaches to marital therapy have expanded to address cognitive components in relationship distress, including irrational relationship beliefs, faulty attributions, efficacy expectations, and values. The effects of these modifications in the behavioral approach may improve its effectiveness.

Does Marital Therapy Work?
Couples therapy is better

Cookerly (1980) reported 4-year cumulative divorce rates of 38.5% for individuals treated in conjoint marital therapy and 61.8% for individuals receiving non-conjoint forms of marital therapy. Unfortunately, this was an uncontrolled study, and self selection factors may have accounted for some of the superior effects of conjoint treatment methods, if those with more serious marital disruption tend to favor individual orver conjoint therapy.

Getting the Love You Want

According to Harville Hendrix, a strong marriage depends on an understanding of unconscious behavior and the use of conscious techniques to resolve conflict and draw partners closer together.

The Stages of Love

We all bring unresolved childhood "wounds" to relationships--from emotional repression to fear of abandonment, etc.--that we subconsciously expect our partners to heal. Romantic love grants our wishes as needs are filled willingly. But when romantic love fades away, couples too often shift into a power struggle.

Each pushes ever harder, yet unsuccessfully, to make the mate meet his/her expectations. Mutual failure results in feelings of betrayal, despair and hostility and a breakdown of the partnership.

Couples can struggle for years. Or they can strive for real love, becoming what I call passionate friends, consciously nurturing and caring for one another.

Taking the First Steps

Close the exits. Many couples avoid marital power struggles because such battles are so demoralizing. When they do, however, the next major step is often divorce or destructive behavior.

Even minor distancing events, such as overwork or a devotion to sports, can drain energy from the relationship.

Become active listeners so each feels valued. Marital power struggles generate what Hendrix calls an attack-defense-counterattack response, an exchanging of salvos because each spouse resents the other for not meeting his/her needs.

Better: Lower your defenses and only make statements that maintain connection, no matter how disruptive your partner may be. Keep in mind that you want you and your partner to be passionate friends. To do that, you have to maintain connection. You can do that by learning a three-step process that he calls the couple's dialogue process. It includes mirroring, validating and empathizing.

Mirror you partner's statement. Repeat back to your partner what was said to you to be sure that you heard him correctly.

Example: You felt angry and abandoned when I didn't call to say I would be late.

Validate your viewpoint. When you don't want to surrender to your partner by acknowledging what was said, simply recognize

the other person's feelings.

Example: I see why you feel my behavior was inconsiderate.

Empathize with the feelings. You need not experience the emotion, only value it.

Example: I can understand that my not calling made you feel abandoned.

Feeling heard--rather than ignored or negated--raises the speaker's energy. The message got through. That leads to an acceptable resolution.

Creating Positive Change

Use these conscious techniques to meet subconscious needs...

Combine your desires with your spouse's desires--and develop a vision. Write your own list of short sentences describing a deeply satisfying, loving relationship.

Examples: Keep ideas in the present tense, such as, We are affectionate with each other...and positive, such as, We settle differences peacefully, rather than We don't fight.

Share your lists...mark items in common...and rank all in importance. Then design a mutual vision, omitting any nonresolvable issues and noting the most difficult changes. Post the list where you both will see it daily, and even read it to each other weekly.

Convert your criticism into requests for behavior changes. Repetitious, emotional criticisms are disguised statements of your own unmet needs.

Trap: We believe if we inflict pain, the other person will feel so guilty or sorry that we'll get what we want and the attention we need. However, criticism usually produces the opposite result--defensiveness and stubborn resistance to change.

Better: Since every criticism contains a desire, identify your wish and state the behavior you would like instead.

Example: Your partner fills the evening with business calls, leaving you feeling angry and abandoned. The critical voice want to say, You are so selfish and tied up in your work that I don't matter. But this will lead to an argument.

Since your true desire is to spend more time together in the evening, the behavior change you need to request is, Please reschedule business calls for the daytime so that we can spend more time together.

A partner who feels safe from attack is more willing to meet your needs. Changing a specific behavior, rather than one's total character, is a reachable goal.

Falling in Love Again

Trapped in the marital power struggle, each partner believes that getting one's needs med necessitates putting those needs first.

Helpful: Putting the other's needs first, as you did during romantic love, is the true solution because it establishes a mutually nourishing environment.

However, expecting the other person to anticipate your needs--and feeling betrayed if your partner doesn't--is unrealistic and self-defeating. We must talk about feelings and

desires.

Once needs are identified, love and fulfillment should be given unconditionally. Trading favors makes even honest affection seem insincere. Exercises to help each partner fill the other's needs...

Employ loving behavior to feel more loving. Make separate lists of the specific pleasing gestures you would like--sending flowers, reading aloud, etc.

Then agree to provide one another with two or three favors per day--as gifts, not barter--and to acknowledge each gift with an appreciative comment.

Enhance caring behavior with unanticipated pleasures. Make your own catalog of what has pleased your partner in the past, such as theater or sports tickets, a romantic brunch or jewelry. Then randomly surprise your partner with one item a week.

Intensify your emotional bond with high-energy fun. Make separate lists of physical activities, such as dancing, biking, massage, and tennis. Combine them into an inventory of acceptable activities. Choose one each week.

A conscious marriage goes through cycles. Couples may feel they are dealing with the same issues again. Remember that each time couples return to them, they bring more understanding and grow closer.

Couples Research

In the 1970s, Gottman began studying couples in his lab while they talked casually, discussed difficult issues, or tried to solve problems. Video cameras recorded every expression. Gottman has followed 658 couples, some for as long as fourteen years, some with more-intensive observation that monitors shifts in their heart rate and stress indicators in their blood and urine.

Studying marriages in such minute detail, Gottman has been able to chart the effects of small gestures. Fairly early he discovered that when a spouse--particularly the wife--rolls her eyes while the other is talking, the marital EXIT sign is blinking fiercely. In fact, Gottman found that contempt, which is indicated by eye-rolling, is one of the four strongest divorce predictors--together with criticism, defensiveness, and stonewalling. Gottman calls them the Four Horsemen of the Apocalypse. In study after study these behaviors identified those who would divorce with a remarkable accuracy of greater than 90 percent. Couples who stayed happily married score higher in such categories as realistic expectations, communication, conflict resolution, and compatibility.

Based on this research, Howard Markman and Scott Stanley along with other developed PREP--the Prevention and Relationship Enhancement Program. (Markman and Stanley, with Susan Blumberg, are the authors of Fighting for Your Marriage, first published in 1994.) PREP is a short course, usually given over one full day and two evenings, that provides tools for talking about important

relationship issues without fighting. It also teaches skills for preserving the positive elements in a relationship, such as making sure that time is available for friendship and fun, when problems are not discussed.

The most complete government-funded research has been done on PREP. In one large-scale study in Denver 12 percent of couples who had taken PREP had broken up, separated, or divorced after five years, as had 36 percent of couples who had not taken it. In a recent study in Germany only four percent of PREP couples had separated or divorced after five years, as compared with 24 percent of couples who received traditional counseling or no preparation at all. These and other studies also indicate that in the first five years after marriage PREP couples reported more marital satisfaction, less negative and more positive communication, and lower levels of physical aggression.

After twelve years, however (the longest time that any of these programs has been studied), the Denver PREP group had a separation or divorce rate of 19 percent and the control group had a rate of 28 percent--a difference that the researchers regarded as not statistically significant.

According to Gottman (1997), extant "interventions" haven't done a good enough job of helping couples. Knowing what is dysfunctional in a marriage just isn't enough. Researchers must also study what works well in successful marriages. What most distinguishes happy couples from unhappy couples is that they develop a "dialogue" about their perpetual problems, trying to effect what change they can with humor and affection while at the same time accepting their partners as they are.

Gottman criticizes the current focus on empathy and active listening in resolving conflicts. This model "forms the basis of most complex multi-component marital treatments of all theoretical orientations, including behavior therapy, systems approaches, and object-relations theory." Gottman has found that happy couples do not employ active listening and empathy during conflict. The active-listening model might work if people could really do it, but, it's just too hard to be an empathic, active listener when somebody is criticizing or attacking you.

Couples argue about the same issues 69 percent of the time, according to John Gottman, Ph.D., professor of family psychology at the University of Washington in Seattle. His long-term studies of more than 670 couples show that they don't solve their problems because many of them are actually insoluble. If they end the relationship and change partners, they'll just get a different set of unresolved issues. "It's a myth that if you solve your problems you'll automatically be happy," says Gottman. "We need to teach couples that they'll never solve most of their problems."

The way to happiness, he contends, is to "establish a dialogue" with the problems, learning to live with them much the way someone learns to live with a bad back. The goal is learn how to acknowledge your partner's limitations, and push for modest improvement, while still communicating acceptance. This

is something we do naturally in our friendships; Gottman encourages partners to do it in marriage as well.

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